tinct difference in movement between the two sides; in 39 the movement was less on the paralyzed side, and in 10 it was more marked and full when compared with the sound side. These differences applied not only to exaggerated voluntary efforts, but to quiet automatic respiratory movements. The nature of the cerebral lesion made no difference. The difference was as a rule more marked in proportion to the degree of paralysis, especially when the greatest stress was seen in the upper limbs. In some cases a unilateral arhythmia was observed. The authors believe there is a superior cortical center for respiration, probably situated somewhere near the motor center for the upper limb, to which the medulla center is subservient. The greater frequency of respiration on the paralyzed side is explained by supposing that this center is excited by irritation rather than depressed. Automatic respiration could be carried on by the medulla center, but when voluntary the cortical center would be called into play. JELLIFFE.

UEBER EINEN GEHEILTEN FALL VON OTOGENER MENINGITIS (Concerning a Cured Case of Otogenous Meningitis). Bertelsmann (Deutsche med. Wochenschrift, No. 18; 1901, p. 277).

A patient with a purulent process in the ear, had severe headache in the right frontal and temporal regions, rigidity of the neck, scaphoid abdomen, hyperesthesia of the skin, high fever, etc. The diagnosis of extradural abscess or circumscribed leptomeningitis was made. At the operation pus was found on the outer surface of the cerebral dura and the dura was not opened. Lumbar puncture was performed during the narcosis, and extracellular diplococci were found in the fluid obtained. The case was regarded as hopeless, but complete recovery ensued. SPILLER.

UEBER GONORRHOISCHE NERVENERKRANKUNGEN (Gonorrheal Nervous Diseases). A. Eulenberg (Deutsche med. Woch., Vol. 26, Oct. 25, 1900, p. 686).

A. Eulenberg calls attention to the fact that while nearly every other part of the body has its distinct series of maladies to which a gonorrheal etiology is attached, the nervous system appears to have been somewhat neglected in this regard. This omission he then proceeds to rectify by describing fourteen cases of nervous disease apparently directly traceable to a specific urethral infection. In considering the secondary nerve lesions due to the gonococcus three classes are to be made: (1) Neuralgic affection, especially gonorrheal sciatica. (2) Various forms of muscular atrophy or dystrophy, and atrophic palsies. (3) Gonorrheal neuritis in its more restricted sense, as mononeuritis or polyneuritis, and gonorrheal myelitis. In order to establish a connection between the infection and the disease a single coincidence of symptoms is not sufficient, but a general consideration of the points involved in each particular case is necessary. Important factors are the simultaneous occurrence of urethritis with or without the presence of gonococci in the secretion, the existence of other metastatic specific lesions, epididymitis, endometritis, endocarditis, or arthritis; or symptomatic peculiarities of the nerve affection itself. JELLIFFE.

UEBER DAS VERHALTEN DER PATELLARREFLEX BEI HOHEN QUERSCHNITTSMYELITIDEN (The Patellar Reflex in High Transverse Myelitis). R. Bálint (Deutsche Zeitschrift für Nervenheilkunde, 1901, xix, 5 and 6, s. 414).

That there is loss of the knee-jerk in complete transverse lesions of the cord at points above the lumbar enlargement was first asserted by Bastian. This has found both supporters and opponents. The number of cases which has been thoroughly examined both clinically and anatomically, is surprisingly small, however. Bálint adds the following: A case of myelitis of the eighth dorsal segment came under observation on the fourth day. There was then total paraplegia, great diminution of tactile sense, while temperature and pain sense were retained, and there was loss of reflex in the lower extremities. After eighteen days the reflexes returned, were exaggerated, lasted fourteen days, and then again disappeared. Death at the end of three months. The anatomical examination showed softening of the cord with complete degeneration of all nerve fibers of the cross section for some distance above and below the affected segment. Ascending degeneration was much more marked than descending degeneration, which appeared to be in only an early stage. In the lumbar region outside of the descending degeneration there was nothing abnormal in either white or gray matter, the cells appearing normal upon examination by Nissl's method. There were, however, alterations in the nerve roots and pia, the latter being a little thickened, the veins distended and their walls showing nuclear proliferation. Where the nerve roots passed through the pia they appeared to be compressed and somewhat damaged. These changes affected the posterior roots more than the anterior roots. In muscles and nerves there was found nothing of moment. The author next proceeds to study somewhat in detail the other cases of total transverse lesion which have been reported. He finds that (1) there are cases which prove that total interruption of the spinal conduction paths does not cause loss of reflexes. (2) There are cases, and plenty of them, which show that in the high lesions of the cord, complete or not, flaccid paralysis of the lower extremities with loss of reflexes is very frequent. Of these are (a) cases in which the observers have attributed loss of reflexes to lesion of the reflex arc. (b) Cases in which the observers have declared the reflex arc free. These latter he finds not free from objection. From this it follows that in man and animals interruption of the spinal conducting paths are not necessarily followed by flaccid paralysis and loss of reflexes. However it is frequent, we may say in the majority of cases, that complications occur which cause suppression of the reflexes. Study of the physiology of the subject leads him to believe that the separation of the cells of the anterior horns from influences arising in the cortex causes loss of tonus in them and in the muscles and unfavorably influences the reflex function. Under these circumstances a secondary affection of the reflex arc, even of slight intensity, suffices to cause loss of reflexes. ALLEN.

SIND IRGENDWEISE GENETISCHE BEZIEHUNGEN ZWISCHEN DEN ALLGEMEINEN NEUROSEN UND DER APPENDICITIS DENKBAR? (Do Any Genetic Relationships Exist between Appendicitis and General Neuroses?). O. Schaumann (Deutsche med. Woch., Vol. 26, Nov. 1, 1901, p. 711).

Ossian Schauman answers this question in the affirmative, and as evidence cites the occurrence of appendicular inflammations in several members of each of fourteen different families, in twelve of which there was a hereditary neurotic taint. Furthermore, in investigating seventy-five cases in which the disease had befallen but a single member of the household, it was found that in the majority of instances either the patient or a near relative gave evidence of nervous degeneracy. In order to establish a connecting link between